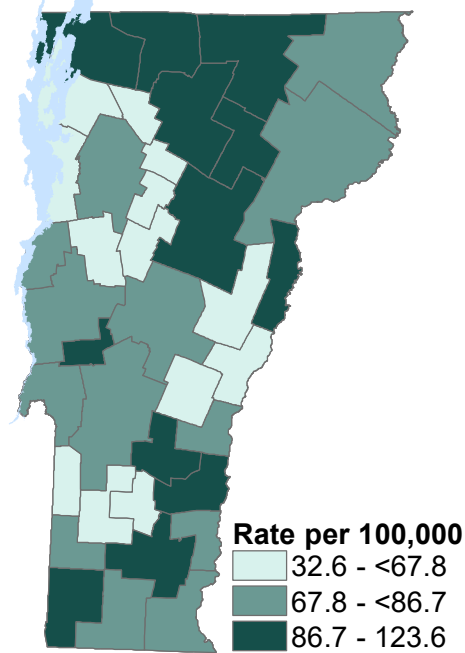
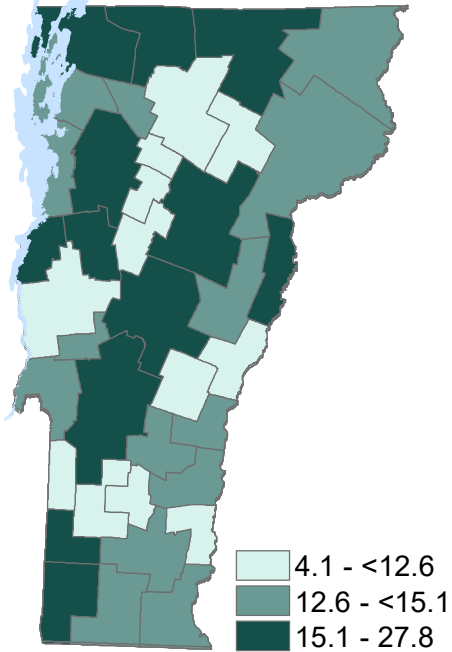


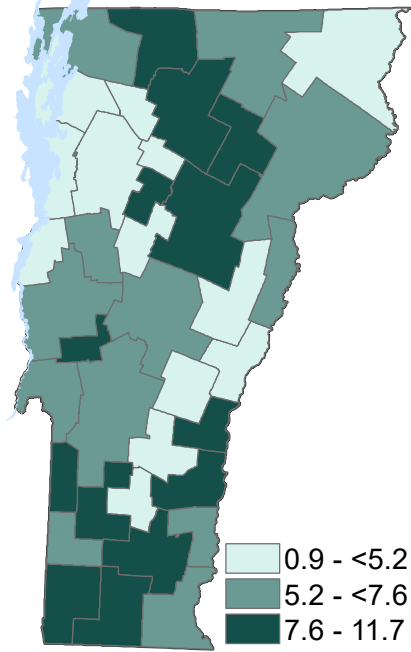
Cardiovascular Disease ED Visits*



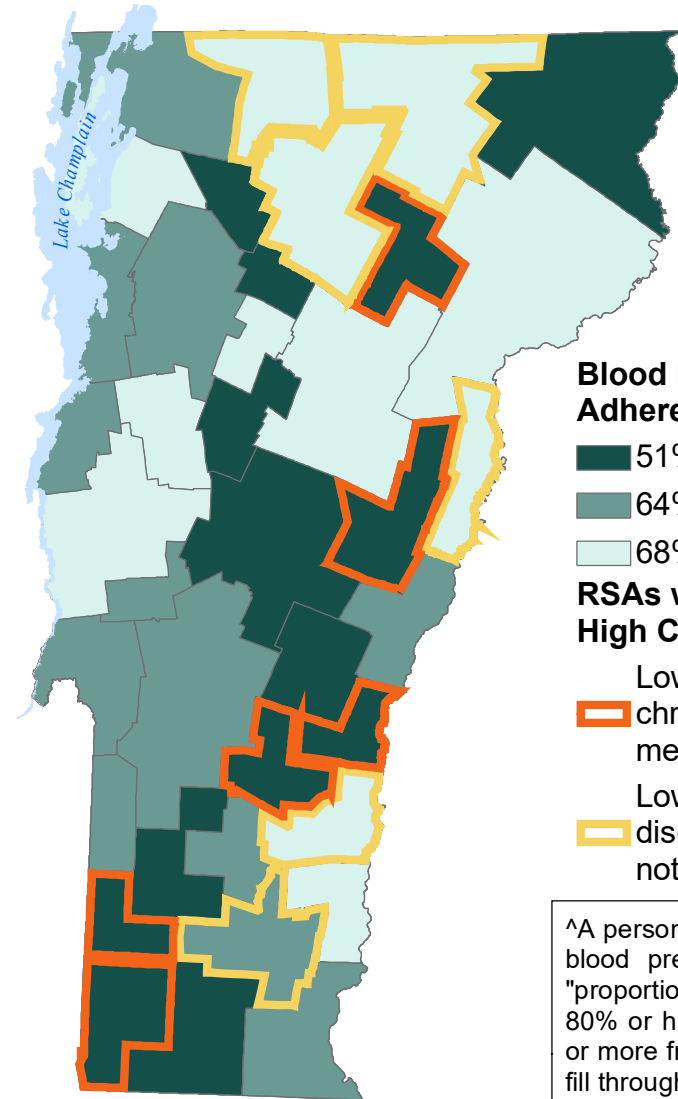
Hypertension ED Visits*



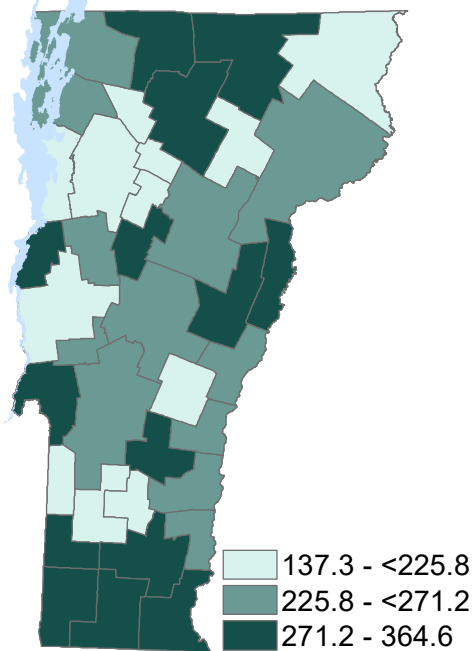
Stroke ED Visits*



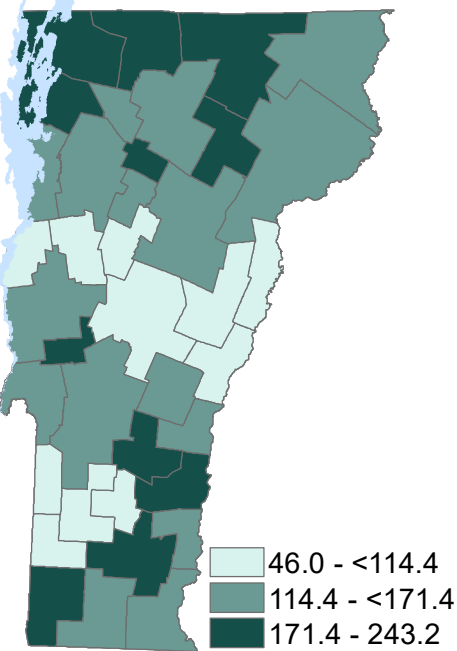
Adult Blood Pressure Medication Adherence[^] and Chronic Disease Morbidity and Mortality by Vermont Rational Service Area[~]



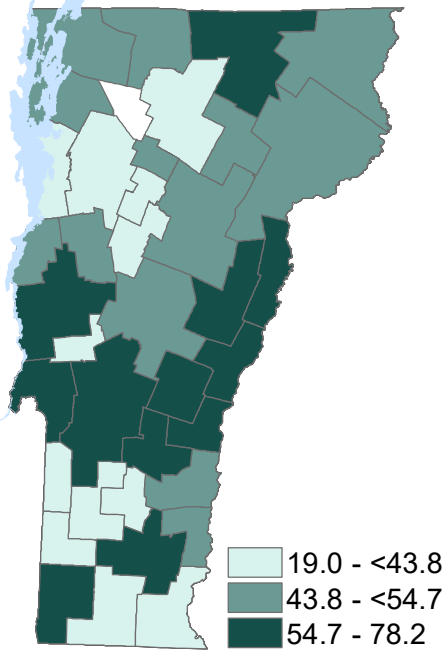
Cardiovascular Disease Deaths*



Hypertension Deaths*



Stroke Deaths*



Blood Pressure Medication Adherence (BPMA)

- 51% - <64%
- 64% - <68%
- 68% - 77%

RSAs with Low Adherence and High Chronic Disease Burden

- Lowest tertile for BPMA and 2+ chronic disease burden measures
- Lowest tertile for 4+ chronic disease burden measures, but not for BPMA

[^]A person was considered adherent to their blood pressure medication if they had a "proportion of days covered" (PDC) value of 80% or higher (i.e. medication 80% of days or more from the time of the first medication fill through the end of the calendar year).
[~]Vermont's 38 Rational Service Areas (RSA) are used to identify where residents tend to go for primary care.

Data Sources (2014-2016):
 Vermont Vital Statistics
 Vermont Uniform Hospital Discharge Data Set
 Vermont Health Care Uniform Reporting and Evaluation System

Data Notes:

*All data are rates per 100,000 residents and age-adjusted to the 2010 Vermont population and are limited to Vermont resident adult age 18 and older.
 Emergency Department (ED) visits use ICD 9 & 10 codes: primary diagnosis for cardiovascular disease, stroke and AHRQ defined potentially preventable hypertension.
 Death rates were calculated using ICD 10 codes: underlying cause for cardiovascular disease, stroke and any mention cause for hypertension.
 VHCURES adherence data include all claims for Medicaid and commercial insurers.